

Author Year; Country Score Research Design Total Sample Size	Methods	Outcome
<p>Solomons & Woodward 2013 Britain</p> <p>Systematically reviewed articles from electronic databases no date limits applied</p> <p>N=7</p> <p>Level of evidence: Methodological quality not assessed</p> <p>Type of study: 1 RCT 4 case-controls 1 cross-sectional 1 case-control</p> <p>AMSTAR: 2</p>	<p>Objective: Assess the quality of evidence available on digital removal of faeces for people with SCI.</p> <p>Method: Systematic literature review of the quality of evidence available on fecal manual evacuation for individuals with SCI.</p> <p>Databases: CINAHL, British Nursing index, EMBASE, Medline</p>	<ol style="list-style-type: none"> 1. All seven of the papers discussed in this review were of limited reliability as they studied heterogeneous populations. 2. Bowel protocols should not be carried out rigidly but rather should be used in guided experimentation to assist the SCI patient to find a bowel management program that works for them. 3. Digital rectal removal of feces remains a necessary intervention for many patients. More research and training are needed on this and other neurogenic bowel management. 4. The low status of bowel care in nursing and wider society needs to be challenged so that people with SCI can benefit from high quality bowel care and associated improvements in quality of life.